

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	6900	9/5/00
O.I.P.E. CLASSIFIER		15	8500
FORMALITY REVIEW	AA	56111	10-05-00
RESPONSE FORMALITY REVIEW	HA	858	03-27-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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14	✓	✓	
15	0	0	
16			
17	0	0	
18	0	0	
19	✓	✓	
20	✓	✓	
21	0	0	
22	0	0	
23	0	0	
24	0	0	
25	✓	✓	
26	✓	✓	
27	=	=	
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48			
49	=	=	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52			
53			
54	✓	✓	
55	0	0	
56	0	0	
57	0	0	
58	0	0	
59	0	0	
60	✓	✓	
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66	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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